



UNIFORM CRIMINAL CITATION
State of Maryland vs.

172004517016

DO7CR21 060503

Defendant's (Last) Name

First

Middle

FALTER

TERANCE ALBERT

Current Address in Full

511 BAY HILLS DR A# MD 21012

City

County

State

Zip Code

12108/91509 146 m W BLU BLU

DOB

Height

Weight

Sex

Race

Ethnicity

Hair

Eyes

Related Citations

Telephone No.

Day:

Night:

Arrest Number (if applicable)

 Check if Fingerprinted

It is formally charged that the above named person on MARCH 07, 2021 Year

at 703 P.M. at 1911 TOWNE CENTRE BLD,
(Location)
ANNAPOLIS MD 21401 AND CARRYING CITY/COUNTY, Maryland did
... DID STEAL CLOTHING AND ACCESSORIES
OF TARGET HAVING A VALUE OF \$197.95.
AT LEAST \$100 BUT LESS THAN \$1500. IN
VIOLATION OF CR 7-104 OF THE ANNOTATED
CODE OF MARYLAND.

In violation of: Md. Ann. Code COMAR/Agency Code Common Law of Md. Ordinance
 Public Local Law

Document/Article

Section:

CR 7-104

CJIS Code

1-1137

Penalty: 3500 - 6 months

TO ANSWER THE ABOVE CHARGE LODGED AGAINST YOU:

YOU ARE HEREBY SUMMONED AND COMMANDED TO APPEAR FOR TRIAL IN THE DISTRICT COURT OF MARYLAND FOR ~~ANNE ARUNDEL~~ (CITY/COUNTY) LOCATED AT 251 ROWE BLVD ANNAPOLIS MD 21401 MARYLAND, ON

Date

AT

 WHEN REQUIRED BY THE COURT.

Reader

YOUR FAILURE TO OBEY THIS CITATION MAY RESULT IN THE ISSUANCE OF A WARRANT FOR YOUR ARREST.

To request a foreign language interpreter or a reasonable accommodation under the Americans with Disabilities Act, please contact the court immediately.

I sign my name as a receipt of a copy of this citation and not as an admission of guilt. I hereby submit to the jurisdiction of the Court.

X Defendant's Signature

I solemnly affirm under the penalties of perjury that the contents of the foregoing citation are true to the best of my knowledge, information, and belief.

Issuing Peace Officer

Signature

DC-CR-645 (Rev. 10/2017)

Date

Agency

Sub-Agency

ID No.

Print Date 10/2017

COURT COPY

Note to Law Enforcement: Remove this first copy of Citation before entering witness information. You may enter address of defendant as shown on driver's license if that address is different from current address.

TO THE DISTRICT COURT:

PLEASE SUMMONS THE FOLLOWING WITNESSES:

NAME	ROSS, JUSTIN MATTHEW		
ADDRESS	1911 TOWNE CENTRE BLVD		
CITY	ANNAPOLIS	STATE	MD
DAY PHONE	843-441-2813	ROOM #	
NIGHT PHONE		APT. #	
If Law Enforcement	<input type="checkbox"/> Agency	<input type="checkbox"/> Sub-Agency	<input type="checkbox"/> I.D.
NAME			
ADDRESS			
CITY	ANNAPOLIS	STATE	MD
DAY PHONE	843-441-2813	ROOM #	
NIGHT PHONE		APT. #	
If Law Enforcement	<input type="checkbox"/> Agency	<input type="checkbox"/> Sub-Agency	<input type="checkbox"/> I.D.
NAME			
ADDRESS			
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NAME			
ADDRESS			
CITY	ANNAPOLIS	STATE	MD
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NIGHT PHONE		APT. #	
If Law Enforcement	<input type="checkbox"/> Agency	<input type="checkbox"/> Sub-Agency	<input type="checkbox"/> I.D.